Atty. Dkt. No. 047711-0221

376B

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Ronald J. Lebel et al.

Title:

AMBULATORY MEDICAL APPARATUS WITH HAND HELD COMMUNICATION

**DEVICE** 

Appl. No.:

09/768,196

Filing Date:

1/22/2001

Examiner:

Matthew F. Desanto

Art Unit:

3763

## **AMENDMENT TRANSMITTAL**

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [ ] Assertion of Small Entity status is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	23	-	23	=	0	X	\$50.00	=	\$0.00
Independent Claims:	1	-	3	=	0	X	\$200.00	=	\$0.00
First	presentation	of a	any Multiple	Dep	endent Claims:	+	\$360.00	=	\$0.00
				•	CLAIMS	FEF	ETOTAL	=	\$0.00

[ ]	Applicant hereby petitions for an extension of time under total number of months checked below:	37 C.F.R. §1.136(a) f	for the
[ ]	Extension for response filed within the first month:	\$120.00	\$0.00
	Extension for response filed within the second month:	\$450.00	\$0.00
[ ]	Extension for response filed within the third month:	\$1,020.00	\$0.00
[ ]	Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[ ]	Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSIO	N FEE TOTAL:	\$0.00
[ ]	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIME	R FEE TOTAL:	\$0.00
[]	Small Entity Fees Apply (subtr	ply (subtract ½ of above):	
		TOTAL FEE:	\$0.00
	herewith, as by a check being in the wrong amount, unsign improper or informal or even entirely missing, the Committhe unpaid amount to Deposit Account No. 50-0872. If art for timely acceptance of papers submitted herewith, application under 37 C.F.R. §1.136 and authorizes payment Deposit Account No. 50-0872.	ssioner is authorized by extensions of time a cant hereby petitions f	to charge are needed for such
indica	Please direct all correspondence to the undersigned attorned ted below.  Respectfully,		ress
Custor	Y & LARDNER LLP ner Number: 23392 Attorney for Registration 1	Applicant	

WATHER OFFICE

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AMBULATORY MEDICAL APPARATUS WITH HAND

**HELD COMMUNICATION** 

**DEVICE** 

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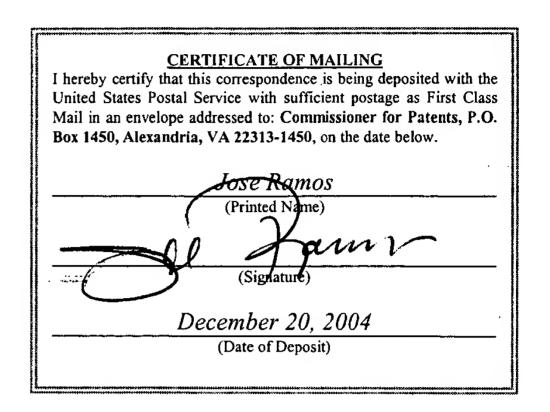
1/22/2001

Examiner:

Matthew F. Desanto

Art Unit:

3763



## **AMENDMENT AND REPLY UNDER 37 CFR 1.111**

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Office Action dated September 22, 2004, concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks/Arguments begin on page 6 of this document.

Please amend the application as follows: